

## CLAIMS ONLY

Application Number

10-6689025

Filing Date

1-5-84

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend		
1	/							
2	/							
3	/							
4	/							
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49								
50								
Total Indep	2							
Total Depend	25							
Total Claims	27							